

# NICE recommends Elfabrio® ▼ (pegunigalsidase alfa) for adults with Fabry Disease in Final Draft Guidance

- Pegunigalsidase alfa is a novel enzyme replacement therapy (ERT).
- Fabry disease, a rare genetic condition, affects around 1,150 people in England.

MANCHESTER, UK, 1<sup>st</sup> September 2023 – Chiesi, the international research-focused biopharmaceutical and healthcare group, today announced that the National Institute for Health and Care Excellence (NICE) has recommended Elfabrio® (pegunigalsidase alfa) as an option for treating Fabry disease (also known as alpha-galactosidase deficiency) in adults under the terms of a confidential commercial agreement in Final Draft Guidance.¹

Pegunigalsidase alfa is a novel enzyme replacement therapy (ERT) administered via intravenous infusion every two weeks and delivers a modified version of the enzyme  $\alpha$ -galactosidase  $A.^{2,3}$  It is indicated for long-term treatment of adult patients with a confirmed diagnosis of Fabry disease.<sup>2</sup>

"We are delighted that NICE has recommended pegunigalsidase alfa, bringing a new treatment option for people living with Fabry disease across England," said Dr Kamran Iqbal, Head of Medical Affairs, Global Rare Diseases, Chiesi UK&I. "Fabry disease brings a multitude of complex symptoms and, since one therapy may not suit all, it is vital that patients have additional treatment options available to them."

Fabry disease is a rare genetic disease affecting approximately 1,150 people in England.<sup>3</sup> People with Fabry disease do not make enough of the enzyme, alpha-galactosidase A, which is needed to break down certain fatty acids.<sup>4</sup> When these fatty acids are not broken down properly, they can lead to a build-up, causing progressive damage to vital organs such as the heart, kidney and brain.<sup>4</sup> There is currently no cure for Fabry disease; however, available treatment options, including ERT and chaperone therapy, can prevent progression of the disease and help to manage symptoms.<sup>1</sup>

"On behalf of our Fabry community, the MPS Society welcomes the decision by NICE to make available the treatment pegunigalsidase alfa to our community, broadening the treatment options for those affected by Fabry," said Bob Stevens, Group Chief Executive, MPS Society. "For people living with Fabry, it is vital that they are supported in living the lives they want and are able to make informed decisions about their treatment."

###

#### About Fabry Disease

It has been estimated that 1,150 people in England have symptomatic Fabry disease, a rare, progressive, X-linked inherited lysosomal storage disorder, caused by a genetic mutation which leads to an inherited deficiency of enzyme a-galactosidase  $A.^{1,5}$  This is normally responsible for the breakdown of globotriaosylceramide (Gb<sub>3</sub>).<sup>6</sup> The abnormal storage of Gb<sub>3</sub> increases with time and, accordingly, Gb<sub>3</sub> accumulates, primarily in the blood vessel and tissues.<sup>6</sup> The ultimate consequences of Gb<sub>3</sub> deposition range from episodes of pain and impaired peripheral sensation to end-organ failure.<sup>1,6</sup> Patients with Fabry disease may be treated by intravenous infusion with enzyme replacement therapy (ERT) to replace the function of the missing a-galactosidase A



enzyme.<sup>1,7</sup> Alternatively, patients aged 12 and over with an amenable mutation may be treated with oral chaperone therapy.<sup>8</sup>

#### About Elfabrio® (pegunigalsidase alfa)

Elfabrio® (pegunigalsidase alfa) is a pegylated recombinant form of human  $\alpha$ -galactosidase-A.<sup>2</sup> The amino acid sequence of the recombinant form is similar to the naturally occurring human enzyme.<sup>2</sup> Pegunigalsidase alfa supplements or replaces  $\alpha$ -galactosidase A, the enzyme that catalyses the hydrolysis of the terminal  $\alpha$ -galactosyl moieties of oligosaccharides and polysaccharides in the lysosome, reducing the amount of accumulation of Gb<sub>3</sub> and globotriaosylsphingosine (Lyso-Gb<sub>3</sub>).<sup>2</sup>

The efficacy and safety profile of pegunigalsidase alfa was evaluated using data from a clinical trials programme, which consisted of 142 patients with Fabry disease (94 males and 48 females) of which 112 received pegunigalsidase alfa 1 mg/kg every other week. $^2$  These studies show that pegunigalsidase alfa is generally well tolerated, with the most common adverse reactions being infusion-related reactions (reported by 6.3% of patients), followed by hypersensitivity and asthenia (reported each by 5.6% of patients). $^{2,4}$ 

Renal function: The renal function was evaluated through the estimated glomerular filtration rate (eGFR - CKD-EPI equation) and its annualised measurement slope was the primary endpoint for efficacy in two phase 3 studies in previously ERT-treated adult Fabry patients: BALANCE (main study), a randomised, double blinded, head-to-head comparison with agalsidase beta, after switch from agalsidase beta at month 12 (primary analysis) and month 24, and an open label single arm study, after switch from agalsidase alfa, both followed by a long-term extension study.<sup>2</sup> No final conclusion on non-inferiority over agalsidase beta as measured by the annualised eGFR can be retrieved from the main study given that the data for the primary endpoint comparison at month 12 was not on its own sufficiently informative due to the design and size of the trial.<sup>2</sup> Nevertheless, the median eGFR slopes from baseline to month 24 of pegunigalsidase and the comparator agalsidase beta appeared close.<sup>2</sup> At month 12, the mean slopes for eGFR in the ITT population were -2.507 mL/min/1.73 m<sup>2</sup>/year for the pegunigalsidase alfa arm and -1.748 for the agalsidase beta arm (difference -0.759 [-3.026, 1.507].<sup>2</sup> At month 24, the median slopes for eGFR in the ITT population were -2.514 [-3.788; -1.240] mL/min/1.73 m<sup>2</sup>/year for the pegunigalsidase alfa arm and -2.155 [-3.805; -0.505] for the agalsidase beta arm (difference -0.359 [-2.444; 1.726]).<sup>2</sup>

Pegunigalsidase alfa is approved in the European Union, Northern Ireland, and Great Britain for long-term ERT in adult patients with a confirmed diagnosis of Fabry disease (deficiency of alpha-galactosidase).<sup>2,9</sup> Pegunigalsidase alfa is also approved in the United States for the treatment of adults with confirmed Fabry disease.<sup>10</sup> The Great Britain Summary of Product Characteristics for pegunigalsidase alfa can be found at https://www.medicines.org.uk/emc/product/14960/smpc#gref.

#### About Protalix BioTherapeutics, Inc.

Protalix, a biopharmaceutical company focused on the development and commercialisation of recombinant therapeutic proteins expressed through its proprietary plant cell-based expression system, ProCellEx® and Chiesi are parties to a license and collaboration agreement. Under this agreement, Protalix granted Chiesi the exclusive right to develop and commercialise pegunigalsidase alfa for the treatment of Fabry disease.

#### About Chiesi Group

Chiesi is an international, research-focused biopharmaceuticals group that develops and markets innovative therapeutic solutions in respiratory health, rare diseases, and specialty care. The company's mission is to improve people's quality of life and act responsibly towards both the community and the environment.



By changing its legal status to a Benefit Corporation in Italy, the US, and France, Chiesi's commitment to create shared value for society as a whole is legally binding and central to company-wide decision-making. As a certified B Corp since 2019, we're part of a global community of businesses that meet high standards of social and environmental impact. The company aims to reach Net-Zero greenhouse gases (GHG) emissions by 2035.

With over 85 years of experience, Chiesi is headquartered in Parma (Italy), operates in 31 countries, and counts more than 6,500 employees. The Group's research and development centre in Parma works alongside 6 other important R&D hubs in France, the US, Canada, China, the UK, and Sweden.

For further information please visit: www.chiesi.uk.com.

#### About Chiesi Global Rare Diseases

Chiesi Global Rare Diseases is a business unit of the Chiesi Group established to deliver innovative therapies and solutions for people affected by rare diseases. As a family business, Chiesi Group strives to create a world where it is common to have a therapy for all diseases and acts as a force for good, for society and the planet. The goal of the Global Rare Diseases unit is to ensure equal access so as many people as possible can experience their most fulfilling life. The unit collaborates with the rare disease community around the globe to bring voice to underserved people in the health care system.

#### Media Contacts

Yasmin Ghariani, Chiesi UK Head of External Communications

Phone: (+44) 161 488 5555 Email: y.ghariani@chiesi.com

Sarah Pollard, M+F Health

Account Director

Phone: (+44) 793 9002465

Email: sarah.pollard@mandfhealth.com

#### References

<sup>&</sup>lt;sup>1</sup> National Institute for Health and Care Excellence. Pegunigalsidase alfa for treating Fabry disease. Final Draft Guidance. Available at https://www.nice.org.uk/guidance/gid-ta10790/documents/674. Last accessed September 2023.

<sup>&</sup>lt;sup>2</sup> Electronic Medicines Compendium. Pegunigalsidase alfa Summary of Product Characteristics. Available at https://www.medicines.org.uk/emc/product/14960/smpc#gref. Last accessed September 2023.

<sup>&</sup>lt;sup>3</sup> National Institute for Health and Care Excellence. Pegunigalsidase alfa for treating Fabry disease. Final Scope. Available at https://www.nice.org.uk/guidance/gid-ta10790/documents/final-scope. Last accessed September 2023.

<sup>&</sup>lt;sup>4</sup> Bernat et al. eP149: Safety and efficacy of pegunigalsidase alfa, every 4 weeks, in Fabry disease: Results from the phase 3, open-label, BRIGHT study (Abstract). *Genetics in Medicine*. 2022; 27(3): S91-92.

<sup>&</sup>lt;sup>5</sup> Brennan P, Parkes O. Case-finding in Fabry disease: experience from the North of England. *J Inherit Metab Dis*. 2014; 37(1): 103-7.

<sup>&</sup>lt;sup>6</sup> Ortiz A, Germain DP, Desnick RJ, Politei J, Mauer M, Burlina A, Eng C, Hopkin RJ, Laney D, Linhart A, Waldek S, Wallace E, Weidemann F, Wilcox WR. Fabry disease revisited: Management and treatment recommendations for adult patients. *Mol Genet Metab*. 2018; 123(4): 416-427.

<sup>&</sup>lt;sup>7</sup> Ashe, K.M., Budman, E., Bangari, D.S. et al. Efficacy of Enzyme and Substrate Reduction Therapy with a Novel Antagonist of Glucosylceramide Synthase for Fabry Disease. *Mol Med.* 2015; 21: 389–399.

<sup>&</sup>lt;sup>8</sup> Electronic Medicines Compendium. Galafold Summary of Product Characteristics. Available at https://www.medicines.org.uk/emc/product/10934/smpc#gref. Last accessed September 2023.



<sup>&</sup>lt;sup>9</sup> European Medicines Agency. Pegunigalsidase alfa Summary of Product Characteristics. Available at https://www.ema.europa.eu/en/documents/product-information/elfabrio-epar-product-information\_en.pdf. Last accessed September 2023.

<sup>&</sup>lt;sup>10</sup> U.S. Food and Drug Administration. Novel Drug Approvals for 2023. Available at https://www.fda.gov/drugs/new-drugs-fda-cders-new-molecular-entities-and-new-therapeutic-biological-products/novel-drug-approvals-2023. Last accessed September 2023.